

# Master Instructor Cross-Country Program

## Report of Completion of Recognized Camp or Course or Individual Instruction

Name of Reporting Organization or Instructor: \_\_\_\_\_ (“Reporter”)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

I hereby certify as follows [Strike out what is inapplicable, complete what is]:

- (1) The Reporter held a Recognized Student Camp OR Recognized Instructor Course OR gave individual instruction at [location] \_\_\_\_\_ on the following days \_\_\_\_\_ [must be at least 5 days] during which ground and flight instruction covering the entire Approved Syllabus was given.
- (2) The Approved Syllabus used for the Camp/Course/individual instruction was the Master Cross-Country Instructor Program *Cross Country Handbook for Students and Instructor Supplement I* \_\_\_\_\_ [delete one].
- (3) [If a Recognized Student Camp, or individual instruction given] The students listed in Part A of this Form attended the whole of the Camp OR received individual ground and flight instruction covering the entire Approved Syllabus. Each student with “Yes” after his/her name satisfactorily completed the entire Approved Syllabus.
- (4) [If a Recognized Instructor Course] The trainee instructors listed in Part B of this Form attended the whole of the Course. Each with “Yes” after his/her name satisfactorily completed the entire Approved Syllabus and has the knowledge and skills to give competent cross-country instruction.
- (5) All the ground and flight instruction given at the Camp/Course was given under the supervision of the Master Instructors listed in Part C of this Form who attended for the number(s) of days specified OR all the individual ground and flight instruction was personally given by the Master Instructor listed in Part C on the number of days specified.
- (6) [If a Recognized Student Camp] The Master Instructor(s) was/were assisted by the SSA Instructors qualifying to be Master Cross-Country Instructors listed in Part D of this Form.
- (7) [If a Recognized Student Camp] The Master Instructor(s) was/were assisted by the Cross-Country Coaches/pilots qualifying to be Cross-Country Coaches listed in Part E of this Form.
- (8) The Camp/Course was conducted/the individual instruction was given in accordance with the requirements set out in the Master Instructor Cross-Country Program *Program Guide*.

For and on behalf of the Reporter:

\_\_\_\_\_ Authorized Signatory \_\_\_\_\_  
 (Name) (Date)

**PART A: Names and Addresses of Students attending Camp/Students receiving individual instruction:** [If completed satisfactorily, state “yes”, otherwise state “no”]

Name: \_\_\_\_\_ Completed satisfactorily? \_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Completed satisfactorily? \_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Completed satisfactorily? \_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Completed satisfactorily? \_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Completed satisfactorily? \_\_\_\_  
Address: \_\_\_\_\_

**PART B: Names and Addresses of Trainee Instructors attending Course:** [If completed satisfactorily, state “yes”, otherwise state “no”]

Name: \_\_\_\_\_ Completed satisfactorily? \_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Completed satisfactorily? \_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Completed satisfactorily? \_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Completed satisfactorily? \_\_\_\_  
Address: \_\_\_\_\_

**PART C: Names and Addresses of Master Instructors instructing at Camp/Course/giving individual instruction:**

Name: \_\_\_\_\_ Days instructing \_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Days instructing \_\_\_\_  
Address: \_\_\_\_\_

**PART D: Names and Addresses of SSA Instructors (not Master Instructors) assisting at Camp qualifying for issuance of Master Cross-Country Instructor qualification:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**PART E: Names and Addresses of Cross Country Coaches assisting at Camp:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_